

MEMBERSHIP APPLICATION

Restoration Advisory Board Naval Station Mayport



If you would like to be considered for membership on the Naval Station Mayport Restoration Advisory Board (RAB), please complete this application. When the application is completed, please fold the application in half, making sure the return address on Page 4 is visible. Then staple or tape the edges, and mail the application. A selection board will choose four to six community members representing diverse interests of the community. All completed forms must be returned by January 13, 1995 to:

Public Affairs Officer Naval Station Mayport PO Box 280032 Mayport FL 32228-0032 (904) 270-5226

Please take a moment to read the Conflict of Interest Clause on Page 3 of this application. If you have any questions about your eligibility for the RAB, please state your concern. You will be informed if the selection board decides that a conflict of interest exists or could exist. Information on the Privacy Act is also included in this application.

Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Daytime	Fax	Evening
Please state briefly why you wo Advisory Board.	uld like to be a member of the N	aval Station Mayport Restoration
will require of me. I agree t	to work cooperatively as a voluent and effective use of RAB 1	ommitment that this appointment unteer with other selected RAB resources in contributing to the
Applicant's Signature		Date

RESPONSIBILITIES

RAB volunteers must commit to attend all RAB meetings during the year, which will be held monthly or quarterly at a convenient location. Members missing two consecutive meetings may be asked to resign. RAB members will also review technical documents, provide advice and community concerns to the Navy, and communicate information back to the local community.

BIOGRAP	HICAL INFORMATION		
	any education, expertise, experiontribution to the RAB.	rience or spec	ial skills you have that would make a
Please list committee	other organizations to which yo	ou belong, and	I specify if you hold an office, chair a
	Completion of the	his Section is	OPTIONAL.
representat selection pa	ive of the population. To meet	the cultural ar information ab	Il help ensure that the board is truly and geographic membership criteria, the out applicants. The information in this
Please chec	ck the category you represent. (I	f applicable ye	ou may check more than one category.)
	Public Official		Business
	Academia		Labor
	General Public		Local Environmental Group or Activist
. 🗆	Base Employee		Civic or Public Interest Group
	Religious Community		Other

= RAB RESOURCE BOOK =

Tool	Nη	29
וטטו	INU.	20

Continued

DEMOGRAPHIC INFORMATION

Completion of this Section is OPTIONAL.

Completion of this section is optional; however, it will help us ensure that the RAB is truly representative of the local community. To meet the cultural and demographic membership, the selection panel needs certain demographic information about applications. The information in this section will be used for that purpose only.

Sex:		Male []	Female
Race:		White		
		African America	an	
		Hispanic		
		Asia or Pacific l	Island	er
		Native American	n	
		Other (please sp	ecify)	
Age:				
Occupation:			<u> </u>	
Employer:	-			
	_			

Conflict of Interest Clause

Individuals who have certain financial interests that may affect their impartiality in dealing with matters presented to the RAB for consideration may not be a member of the Board. Such a conflict of interest exists for any individual who may receive a direct or indirect personal financial gain or who may gain unfair business advantage resulting from the implementation of recommendations relating to the type of environmental cleanup, waste management methods, or research and development methods or technologies used to clean up Naval Station Mayport.

When the application is completed, please fold the application in half, making sure the return address on Page 4 is visible. Then staple or tape the edges, and mail the application.

3



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 71 JACKSONVILLE, FL

POSTAGE WILL BE PAID BY ADDRESSEE Public Affairs Officer Naval Station Mayport PO Box 280032 Mayport, FL 32228-9987

المارا والماريا والمارا والمارا والمارا والمارا والمارا

Privacy Act Statement

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) that requires Federal agencies to inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information below.

1. Authority.

The information in this form is being gathered in accordance with the provision of 10 U.S. Code 2705(c) that requires the Department of Defense to establish public community groups to increase public input on Navy environmental issues.

2. Principal Purposes.

This form will be reviewed by the selection committee and the Commanding Officer, Naval Station Mayport, to select the members of the Restoration Advisory Board.